

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re U.S. Patent Application

YOSHII *et al.*

Application 09/554,186

Filed: May 9, 2000

For: BIOCHIP AND METHOD FOR USING THE SAME

Attorney Docket No. HIRA.0081



Art Unit 1643

Examiner Betty J. Forman

Honorable Assistant Commissioner  
for Patents  
Washington, D.C. 20231

**COVER LETTER**

Sir:

[ ] The fee for submission of additional claims is calculated as shown below:

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| FOR   | TOTAL WITH<br>NEW CLAIMS<br>ADDED | TOTAL<br>CURRENTLY ON<br>FILE | CLAIMS PAID    | RATE    | CALCULATION |
|---|-----------------------------------|-------------------------------|----------------|---------|-------------|
| Total Claims  | 25                                | 23                            | 3<br>(Over 20) | x \$18  | 36.00       |
| Independent<br>Claims   | 3                                 | 2                             | 1<br>(Over 3)  | x \$84  | 0           |
| MULTIPLE<br>DEPENDENT<br>CLAIM(S)   |                                   |                               |                | + \$280 | 0           |
| REDUCTION FOR FILING BY SMALL ENTITY (note 37 C.F.R. §§ 1.9, 1.27, 1.28).<br>IF APPLICABLE, VERIFIED STATEMENT MUST BE ATTACHED |                                   |                               |                | x ½     |             |
| TOTAL   |                                   |                               |                |         | 36.00       |

In addition, the below-identified communications are submitted in the above-captioned application or proceeding:

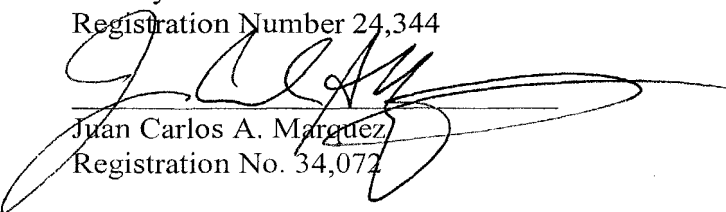
- ☒ Response to Office Action  
(with Claim Amendments)
- ☐ Information Disclosure Statement
- ☐ Preliminary Amendment
- ☐ Substitute Specification
- ☐ Other \_\_\_\_\_

- ☒ Petition for Extension of Time (1 month)
- ☐ Terminal Disclaimer
- ☐ Letter to Draftsperson
- ☐ Assignment
- ☐ Petition under \_\_\_\_\_

- ☐ Please charge my **Deposit Account Number** \_\_\_\_\_ in the amount of \_\_\_\_\_ to cover the fees for \_\_\_\_\_. A duplicate copy of this paper is enclosed.
- ☒ Checks in the amount of **\$110.00** to cover the one-month extension fee and **\$36.00** to cover the excess claim fee are enclosed.
- ☒ The Commissioner is hereby authorized to charge any additional fees associated with this communication, including patent application filing fees and processing fees under 37 C.F.R. § 1.16 and 1.17, or credit any overpayment to **Deposit Account Number 08-1480**.

Respectfully submitted,

\_\_\_\_\_  
Stanley P. Fisher  
Registration Number 24,344

  
\_\_\_\_\_  
Juan Carlos A. Marquez  
Registration No. 34,072

**REED SMITH LLP**  
3110 Fairview Park Drive  
Suite 1400  
Falls Church, Virginia 22042  
(703) 641-4200  
**March 14, 2003**